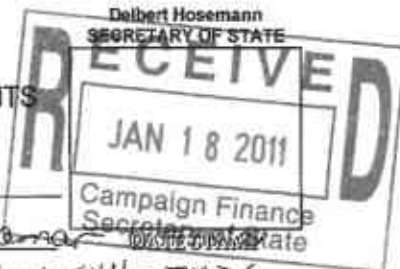


2010 ELECTION CYCLE

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election



Name of Candidate Dawn Beam
 Address 5 Columbia Ave, Sumrall MS County Lamar
 Telephone Work 601-544-7343 Home 601-758-4619 Fax 601-544-7436
 Contact Name Dawn Beam Email Address beamkwfirm98@cs.com
 Office Sought Chancery Court Judge District 10, Post 2

☐ Check here if above is different from previous report

____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
 ____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
 ____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
 ____ October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
 ____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
 ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
 ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (I) and (II).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 4,200 + \$ 600	\$ 4,800	\$ 44,323.06
Total amount of disbursements	\$ 4,200 + \$ 600	\$ 4,800	\$ 44,323.06
Total amount of cash on hand		\$ - 0 -	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Dawn Beam
Signature of Candidate

1/16/11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39208 or fax to 601-369-1498 or 601-575-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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Name of Candidate or Committee

Dawn BeamReporting period 11/16/10through 12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	Beam Campaign Committee	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	6565 Hwy 98, Suite 140	12/3/10	\$ 4,000
City, State, Zip Code	Hattiesburg, MS 39402	1/1/10	\$
Purpose of Disbursement (Optional)	(loan)	Aggregate Year-to-date	\$ 22,000
B. Full name	Austin Lovitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	23 Cove Lane	11/17/10	\$ 200
City, State, Zip Code	Hattiesburg, MS 39402	1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 200
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$